

MARY MARSHALL NURSING SCHOLARSHIP PROGRAM FOR REGISTERED NURSES GUIDELINES

Eligibility

To be considered for a Mary Marshall Nursing Scholarship, an applicant must meet the following criteria:

1. Residency in Virginia for at least one year;
2. Acceptance or enrollment as a full time or part time student in a school of nursing in the state of Virginia;
3. Demonstration of a cumulative grade point average of at least 3.0 **in required courses**, not electives;
4. Demonstration of financial need, verified by the Financial Aid Office/authorized person at the applicant's nursing school; and
5. Have submitted a completed application form and an **official** grade transcript to The Office of Minority Health and Public Health Policy prior to June 30. If no college courses attempted an official high school transcript or equivalent must be submitted.

Failure to comply with any of the above will cause the applicant to be ineligible for a Mary Marshall Nursing Scholarship. Applicants will be evaluated and ranked by the scholarship committee, and the most qualified applicants will be awarded the scholarships.

Conditions of Scholarships

It is important that all applicants fully understand the conditions of accepting a Mary Marshall Nursing Scholarship. These awards are not gifts. Scholarship recipients must agree to engage in full time nursing in Virginia for one month for every \$100 received. Therefore, if a student received \$1200 in scholarship awards, he/she must repay that amount by working continuously in Virginia for 12 months. The award recipient has 90 days from the date of graduation to obtain his/her license. Full time employment must begin within 90 days of the recipient's licensure date. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.

Penalty

If, for any reason, a scholarship recipient fails to complete his studies or to engage in **full time** nursing in Virginia, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.

Recipients must take the first scheduled licensing examination following graduation. If recipient does not pass, he/she must retake the next scheduled examination. If he/she does not pass the second examination, he/she must repay all scholarship money received, plus an annual interest charge, as stated above. If a recipient leaves Virginia or ceases to engage in full time practice as a registered nurse before fulfillment of the scholarship obligation, the recipient must repay the balance on his account, plus an annual interest charge, as established by the Commonwealth of Virginia.

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms, as established by law and the Board of Health.

Number of Applications Per Student

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his/her studies, apply for and receive a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of four years.

Scholarship Amount

The amount of each scholarship award is dependent upon the amount of money appropriated by the Virginia General Assembly, the amount of money collected by the Board of Nursing, and the number of qualified applicants. All scholarships are awarded without regard to race, color, religion, sex or national origin.

How to Apply

Applications and guidelines are available online from May 1 to June 30 every year. Applications must be typed, printed and mailed (with original signatures) to the Office of Minority Health and Public Health Policy.

Virginia Department of Health
Office of Minority Health and Public Health Policy
ATTN: Nursing Scholarship
109 Governor St., Suite 1016 East
Richmond, Virginia 23219

Application Deadline

Applications must be postmarked no later than June 30 for the academic year, beginning in the Fall of that calendar year. Applications and/or transcripts postmarked after the above date **will not be considered** for scholarship awards. Applications will not be accepted in The Office of Minority Health and Public Health Policy prior to May 1.

Legislative Authority

Sections 23 35.9 13 and 32.1 122.6 01 of the *Code of Virginia* authorize annual nursing scholarships for students enrolled in undergraduate and graduate nursing programs. The Board of Health is authorized to award available nursing scholarships from the Nursing Scholarship Fund established in 54.3011.2 pursuant to the procedures for the administration of the scholarships awarded.

Under the law, a Nursing Scholarship Advisory Committee appointed by the State Board of Health makes all scholarship awards. The Nursing Scholarship Advisory Committee consists of eight members or their designees: four deans or directors of nursing schools, two former scholarship recipients, and two members with experience in the administration of student financial aid programs. Committee appointments are for two years, and members may not serve more than two successive terms. In the Spring of 1992, another member was added to the committee to represent the Practical Nurse programs. Thus, the Advisory Committee consists of nine member or their designees.

The Mary Marshall Nursing Scholarship awards are competitive; there are usually more applicants for scholarship awards than there are funds available. Awards are made upon such basis, competitive or otherwise, as determined by the Advisory Committee, with due regards for scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in such award. No award shall be made if the applicant fails to possess the requisite qualifications.

Funds should be used only for payment of charges for tuition, fee, room, board, or other educational expenses, as prescribed by the Board of Health. Board of Nursing funds will be transmitted to the appropriate institution to credit the account of the recipient. Funds from the General Assembly will be paid directly to the recipient.

The Office of Minority Health and Public Health Policy serves as staff to the Nursing Scholarship Advisory Committee and plays no role in the determination of scholarship recipients.

APPLICATION REQUIREMENTS

Please ensure that you read and understand the following information prior to applying for a scholarship award.

Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.

- 1) All items on the application form must be answered.
- 2) A current official transcript of grades must be submitted from **all schools attended**. If you have a student identification number, please provide this # on the application (section 2). This is important so that our office can match your transcript with the application.
- 2) If no college courses attempted, then an official high school transcript or equivalent must be submitted.
- 3) Applicants must demonstrate a cumulative grade point average of at least 3.0 in **required** courses, not electives.
- 4) Both the Dean/Director/Chair of the School of Nursing and the Financial Aid Officer/Authorized Person must provide original signatures in their sections of the application.
- 5) Applicants must file the Financial Aid Form (FAF) of the College Scholarship Service, the Family Financial Statement (FFS) of the American College Testing, or the Free Application for Federal Student Aid (FAFSA) with the institution they will attend in order that their financial needs can be determined. The recommendation of the Financial Aid Officer must be based upon one of the three above referenced need analysis documents and must include a specific dollar amount determined to be the applicant's financial need.

★ **Please carefully review Section 4 where the Financial Aid Office makes recommendations for financial need. If you have questions regarding the recommended need, please discuss with the Financial Aid Officer before submitting completed application.**

- 6) Applications and transcripts must be postmarked by **June 30** for the academic year beginning in the Fall of that calendar year. (Applications are not accepted prior to May 1.)
- 7) It is the responsibility of the applicant to see that:
 - a) The application form is completed entirely;
 - b) A current official grade transcript is included with the application or has been mailed to the Office of Minority Health and Public Health Policy prior to June 30;
 - c) All original signatures are obtained on the application form; and
 - d) Application and official grade transcript are mailed prior to **June 30th** to:

Virginia Department of Health
Office of Minority Health and Public Health Policy
ATTN: Mary Marshall Nursing Scholarships
109 Governor St., Suite 1016-East
Richmond, Virginia 23219

MARY MARSHALL NURSING SCHOLARSHIP PROGRAM FOR REGISTERED NURSES

CHECKLIST

This checklist has been provided to facilitate your application process. Please ensure that all items have been completed or submitted with the application prior to mailing. Please maintain a copy of the application for your records. The applicant is responsible for ensuring that the application is complete. **Only completed applications will be considered for scholarship awards.**

Please keep this checklist for your records.

- ☒ A completed Mary Marshall Nursing Scholarship Program for Registered Nurses Application for 2009, with original signatures. **Old applications and handwritten applications will not be accepted.**
- ☒ A **current official (sealed) transcript** of grades from all schools and/or undergraduate courses. If no college courses are attempted, an official high school transcript or equivalent must be submitted.

Please be sure that:

- ☒ All items on the application are answered.
- ☒ All authorized school officials have signed and dated the application in the designated places.
- ☒ The application and transcript(s) are mailed to the Office of Minority Health and Public Health Policy by the June 30 deadline.
- ☒ You maintain a copy of this application for your records.

SECTION 1 – PERSONAL DATA

Date of Application: _____

Name:

Last First MI Maiden

Address:

Street Number and Name

City State Zip

Day Phone Number: (000) 000-0000 Evening Phone Number: (000) 000-0000

Email Address (if available): _____

Social Security Number: 000-00-0000 Sex: Please Select One

Date of Birth: _____ Place of Birth: _____

Race: Please Select One Other: _____

How long have you been a resident of Virginia?

Congressional District: _____ (Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>)

Are you a high school graduate? Please Select One Do you possess a GED? Please Select One

Are you a certified nursing assistant (CNA)? Please Select One

Have you ever received a Mary Marshall Nursing Scholarship? Please Select One

If yes, in what year(s)? _____

If you had a different name when you applied previously, please provide it here: _____

What school of nursing were you attending during that time? _____

Are you currently a registered nurse (RN)? Please Select One

Are you currently a licensed practical nurse (LNP)? Please Select One

Do you speak another language? Please Select One If yes, please list: _____

CONTACT PERSON (OTHER THAN APPLICANT) _____

Name:

Last First MI

Address:

Street Number and Name

City State Zip

Phone Number: (000) 000-0000 Relationship to Applicant: _____

SECTION 2 – NURSING EDUCATION

School of Nursing: _____

Student Identification
or Social Security
Number _____

Address: _____

Street Number and Name

City

State

Zip

Full-time Student: ☐ Part-time Student: ☐ If Part-time student, how many credit hours are you taking?

Have you transferred to this school from another nursing program? Please Select One

Name of previous school: _____

Date of enrollment in present Nursing Program: Month Year

Expected date of graduation: Month Year

Nursing Program Level: Please check the program type and current level. Specify level in September.

<u>Program</u>	<u>Current Level</u>	<u>Level in September</u>
Please Select One	Please Select One	Please Select One

SECTION 3 – PRIOR EDUCATION

School	Diploma/Degree	City and State	Date of Attendance	Reason for Leaving
1. _____			-	
2. _____			-	
3. _____			-	

SECTION 4 – WORK EXPERIENCE

Check here if you have never been employed, and skip to Section 5 ☐

Type of Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
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1.	-
2.	-
3.	-

SECTION 5 – OTHER HEALTH-RELATED AND/OR CIVIC EXPERIENCES

Type of Position	Organization	City and State	Dates of Work
1.			-
2.			-
3.			-

SECTION 6 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? Please Select One

Please indicate:

SECTION 7 – NARRATIVE SUMMARY (Required)

Explain briefly, *in one page or less*, the significance of the Mary Marshall Nursing Scholarship in pursuing your educational goals. Also, include school and/or community activities as well as any skill-set that is pertinent to your profession. It is important that you consider including plans for professional practice following graduation.

Print Name of Applicant

Date

Signature of Applicant

SECTION 8 – CERTIFICATION STATEMENT

All of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Nursing Scholarship Advisory Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Mary Marshall Nursing Scholarship.

Signature of Applicant

Date

Full Name (Please Print)

SECTION 9 – FINANCIAL NEED RECOMMENDATION

To be completed and signed by the Financial Aid Officer or Program Director

This section must include a monetary recommendation. The Mary Marshall Nursing Scholarship is a need based aid program; therefore, the amount recommended must be documented by one of the accepted uniform methodology needs analysis systems. Please use the most recent needs analysis on file for this student to recommend the amount of scholarship required to meet need, after taking into consideration other financial aid already received by the applicant.

1. Applicant Name: _____
2. Student Identification or Social Security Number _____

3. Student Costs and Resources:

Student Aid Budget for Applicant	_____
Expected Family Contribution (EFC)	_____
Financial Aid Received (excluding loans)	_____
Remaining Need	_____
Cost of Program for One Year (including tuition, fees, books, uniforms, etc.)	_____

4. Scholarship Recommendation:

Award range for undergraduates may not exceed \$2000 annually. (Please note that the amount recommended may not exceed the amount of remaining need shown above. The Nursing Scholarship Committee will not make an award that exceeds the financial aid officer's recommendation. Award range for undergraduate is \$1200 to \$2000.

Based upon a review of this applicant's financial situation, I recommend a Mary
Marshall Nursing Scholarship award of (*check one*):

☐ \$0 to \$499
☐ \$400 to \$1200
☐ \$1200 to \$2000

If your recommendation is less than both the "remaining need" above and the maximum allowable reflected in the award range above, please explain:

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3. Needs Analysis Method Used:

Please indicate which of the following methods was used in determining the applicant's financial need and the academic year for which the form was filed. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

<input type="checkbox"/> CSS	<input type="checkbox"/> ACT	<input type="checkbox"/> PELL	<input type="checkbox"/> FAFSA	Academic Year: 200 to 200
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4. Please specify any extenuating circumstances which may have influenced your recommendation.

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Name of Financial Aid Officer/Authorized Person (Please Print)

Phone Number

Signature of Financial Aid Officer/Authorized Person

Date

E-Mail Address

SECTION 10 – SCHOOL OF NURSING RECOMMENDATION

To be completed by the Dean/Director of the School of Nursing

Please print and provide original signature upon completion of form.

Cumulative grade point average must be filled in and source of computation cited.

1. Name of applicant:
2. Student Identification or Social Security Number _____
3. This applicant is: Please Select One
4. Date of entrance: Month _____ Year _____
5. During this award period, the applicant will be a: Please Select One
6. Cumulative Grade Point Average: _____ (Applicants must have a 3.0 cumulative GPA in Required Courses, **not electives**)
Source of computation: Please Select One If other, please specify _____
7. Please specify any extenuating circumstances that may have influenced your recommendation.

I recommend _____ for a Mary Marshall Nursing Scholarship Award.
(Full Name of Applicant)

Name of Authorized Person Completing This Section

Title

Signature

Date

Full Name of School of Nursing

Phone Number

E-Mail Address